

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
Application for Licensed Professional Counselor Supervisor Specialty Recognition**



All Applicants:

_____ Complete, Signed Application

_____ Application Fee (check, money order). See 22 TAC 885.1 for a list of the fee amounts.

_____ Proof of Completion of course of supervision of mental health professionals within two years of date of receipt of application by board

OR

_____ Official Transcript showing completion of doctoral level course in supervision of mental health professionals within five years of date of receipt of application by board. Transcript must be sent to board by email from university/by mail in sealed envelope from university

Additional Items Needed if Applicant Is Licensed in Another Jurisdiction:

_____ Official Verification of Licensure in other Jurisdiction sent to board by other state

_____ Official examination scores sent to board by other jurisdiction or NBCC

_____ Proof of completed supervised clinical experience submitted

Please include your name (or file number) legibly on ALL documents. Submit all documents with application, if possible. If you have applied online, please attach supporting documents electronically to online application. Transcripts, verifications of licensure, and official exam scores must be submitted in an unopened envelope or emailed directly from the school/issuing authority to the Board.

**Mail to:
TX BHEC TSBEP
333 Guadalupe, Ste. 3-900
Austin, TX 78701**

Applicant Name: _____
Application for LPC-Supervisor Specialty Recognition

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
APPLICATION FOR Licensed Professional Counselor Supervisor**



PLEASE PRINT OR TYPE: (Full name must match government-issued photo identification)

Prospective supervisors must receive board approval prior to beginning supervision with Interns.

I. Applicant Information

Last _____ First _____ Middle _____

Other names used/on transcript _____

Social Security No. _____ Date of Birth: _____

Home/Mail Address: _____

City _____ State _____ ZIP _____

Home Phone No.: _____ Personal email*: _____

*Your personal email address is solely for use of the Board or Council and will not be sold or provided to third parties. Personal email addresses are confidential under Texas Government Code §552.137.

Publish mailing information on TSBEPCC roster and on-line license verifications?

_____ YES _____ NO

Specialty Recognition Requested: _____ Licensed Professional Counselor-Supervisor

II. Other Licensure

List all professional counselor and/or other professional licenses/certifications that you hold or have EVER held in any jurisdiction. Include a separate sheet if needed. **Verification of any professional license is required prior to issuance of the LPC Intern license, e.g., nursing license, teaching certification, medical license, etc.**

Professional License Held/Expiration Date License Number Issuing Board / State

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VII. STATEMENTS OF ASSURANCE: Read and initial each of the following statements of assurance.

In submitting this application to the Texas State Board of Examiners of Professional Counselors for the issuance of a license:

_____ I understand that the fee submitted with this application is **non-refundable**.

_____ The information I have provided in this application is truthful. I understand that giving the board false information of any kind may result in the voiding of this application and denial of licensure.

_____ I have read, understand, and will comply with the rules of the Texas State Board of Examiners of Professional Counselors regarding the 3,000 hours of post-grad supervised experience for Full licensure as a professional counselor.

_____ I have read, understand, and will comply with the rules of the Texas State Board of Examiners of Professional Counselors regarding the supervision of LPC-Interns.

_____ A supervision session will be conducted with an LPC-Intern under my supervision consisting of a minimum of four hours per month in individual (up to two Interns) or group (three or more) settings while the Intern is engaged in counseling.

Applicant Name: _____

_____ I understand the full professional responsibility for the counseling activities of an LPC-Intern rests with me as the intern's board approved supervisor.

_____ As part of the supervision I provide, LPC-Interns will receive information about and instruction in the board's Code of Ethics 22 TAC, Chapter C. The interns under my supervision shall comply with the Code of Ethics.

_____ I understand that supervisor approval must be renewed biennially at the time of my LPC license renewal with an additional supervisor renewal fee.

Signature of Applicant

Date